Assistant Commissioner for Patents 🔾

216-621-6165

33,430

**Box Patent Application** 

Washington, DC 20231

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## UTILITY PATENT APPLICATION TRANSMITTAL

APPLICATION ELEMENTS

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

See MPEP chapter 600 concerning utility patent application contents.

Fee Transmittal Form (e.g., PTO/SB/17)

Attorney Docket No. RRTHP0102US First Inventor or Application Identifier Rochelle Roth &

Title MASSAGE DEVICE

ADDRESS TO:

Express Mail Label No. EK347076291US

Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 6. Nucleotide and/or Amino Acid Sequence Submission Specification [Total Pages (if applicable, all necessary) (preferred arrangement set forth below) Computer Readable Copy - Descriptive title of the Invention - Cross References to Related Applications Paper Copy (identical to computer copy) - Statement Regarding Fed sponsored R & D Statement verifying identity of above copies C. - Reference to Microfiche Appendix - Background of the Invention ACCOMPANYING APPLICATION PARTS - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) 37 C.F.R.§3.73(b) Statement : - Detailed Description 8. (when there is an assignee) - Claim(s) 9 English Translation Document (if applicable) - Abstract of the Disclosure Information Disclosure Copies of IDS 0. Drawing(s) (35 U.S.C. 113) [Total Sheets Statement (IDS)/PTO-1449 Citations **Preliminary Amendment** Oath or Declaration Total Pages Return Receipt Postcard (MPEP 503) Newly executed (original or copy) (Should be specifically itemized) Copy from a prior application (37 C.F.R. § 1.63(d)) Small Entity Statement filed in prior application. (for continuation/divisional with Box 16 completed) Statement(s) Status still proper and desired **DELETION OF INVENTOR(S)** (PTO/SB/09-12) Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). Certificate of Mailing NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation-in-part (CIP) Continuation Divisional of prior application No: Prior application information: Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label ✓ Correspondence address below (Insert Customer No. or Attach bar code label here) Renner, Otto, Boisselle & Sklar, P.L.L Name Cynthia S. Murphy 1621 Euclid Avenue Address 19th Floor Cleveland OH 44115 State Zip Code City

Telephone

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any

Cynthia S. Murphy

216-621-1113

Registration No. (Attorney/Agent)

comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Name (Print/Type)

Signature

Country

PTO/SB/17 (2/98)
Approved for use through 9/30/2000. OMB 0651-0032
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Patent fees are subject to annual revision on October 1. These are the fees effective November 10, 1998. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$) 319.00

Complete if Known				
Application Number				
Filing Date	Herewith			
First Named Inventor	Rochelle Roth			
Examiner Name				
Group / Art Unit				
Attorney Docket No.	RRTHP0102US			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description	Fee Paid
Deposit Account 18-0988	Code (\$) Code (\$)  105 130 205 65 Surcharge - late filing fee or oath	
Number Deposit Account Renner, Otto, Boisselle	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	
Name Charge Any Additional Charge the Issue Fee Set in	139 130 139 130 Non-English specification	
Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance	147 2,520 147 2,520 For filing a request for reexamination	
a Cd Poyment Englaced:	112 920* 112 920* Requesting publication of SIR prior to Examiner action	
2. Payment Enclosed: Check Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
	115 110 215 55 Extension for reply within first month	
FEE CALCULATION	116 380 216 190 Extension for reply within second month	
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month	
Large Entity Small Entity	118 1,360 218 680 Extension for reply within fourth month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	128 1,850 228 925 Extension for reply within fifth month	
101 690 201 345 Utility filing fee 345.00	119 300 219 150 Notice of Appeal	
106 310 206 155 Design filing fee	120 300 220 150 Filing a brief in support of an appeal	
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing	
108 690 208 345 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 345.00	141 1,210 241 605 Petition to revive - unintentional	
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Paid	143 430 243 215 Design issue fee	
Total Claims 25 -20** = 5 x 9 = 45.00	144 580 244 290 Plant issue fee	
Independent 9 - 3** = 6 x 39 = 234.00	122 130 122 130 Petitions to the Commissioner	
Multiple Dependent 260 = 0	123 50 123 50 Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	40.00
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection (37 CFR 1.129(a))	10.00
102 78 202 39 Independent claims in excess of 3  104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be	
109 78 209 39 ** Reissue independent claims	examined (37 CFR 1.129(b))	
over original patent	Other fee (specify)	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	
SUBTOTAL (2) (\$) 279.00	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	10.00

SUBMITTED B	Υ	Complete (if	Complete (if applicable)	
Typed or Printed Name	Cynthia S. Murphy	Reg. Number	33,430	
Signature	Circh S. Myso Date 6	5-2-00 Deposit Account User ID	18-0988	

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Docket No.: Applicant: Title:

RRTHP0102US Rochelle Roth

MASSAGE DEVICE



## **CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this paper (along with any other paper referred to as being attached or enclosed)is being deposited with the United States Postal Service on this date <u>June 2, 2000</u> , in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number <u>EK347076291US</u> addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231
(Signature of Person Mailing Paper)

C:\139\FORMS\Express Certificate.wpd